February 20, 2008

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, D.C. 20515

The Honorable John A. Boehner
Minority Leader
United States House of Representatives
Washington, D.C. 20515

Dear Senators Reid and McConnell, Speaker Pelosi, and Congressman Boehner:

Access to high quality, affordable health care has been and continues to be a priority for Washington State. Health care now comprises 28% of our state budget compared to 22% in 2000; and, as you know, is fast closing in on 20% of our nation's economy). Unfortunately, a higher level of quality has not come along with the higher costs. In the United States, we are only likely to get recommended care about half the time; the average American risks one medication error every day they are in a hospital; and about 600,000 Washingtonians have no health care coverage.

Modernizing the delivery and administration of health care through health information technology is critical to improving quality and reducing costs. In 2005, I laid out a five-point plan for improving health care – one of which is "make better use of information technology." In 2006, I co-chaired a Blue Ribbon Commission on Health Care Costs and Access, and one of the Commission's recommendations is to "deliver on the promise of information technology." In 2008, a state Long-Term Care Task Force made the recommendation that long-term care information needs to be included in health information technology activities. With such a heavy focus on health information technology in Washington State, it is important that the federal government collaborate with and assist us in our state efforts.

In Washington State we are actively engaged in increasing widespread adoption of health information technology (HIT) and developing a system to allow consumers to share important information with their health care provider at the point of care. We call our model a consumer-controlled health record bank (HRB). A public-private Health Information Infrastructure Advisory Board (HIIAB) and numerous stakeholders have been working with one of my state's agencies – the Health Care Authority – over the past two and a half years to develop this model, and is now developing the design architecture and specifications to test this concept through pilots that would be operational by early in 2009. This group has been working in collaboration with the federal Department of Health and Human Service's Health Information Security and Privacy Collaborative (HISPC) to ensure consumers trust and privacy throughout this model.

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In addition, the state is partnering with private entities to provide grants for electronic medical records or HIT investments to qualified small providers and provider organizations. It is the goal of this project to help build community champions for HIT and learn about obstacles and barriers to adoption as well as identify strategies to expedite adoption.

In order for Washington State to be more successful with our HRB project, we need stronger federal collaboration in our efforts and immediate federal action to pass meaningful health IT legislation. Enclosed you will find some specific ideas for support that would help to expedite and sustain momentum towards practical but radical transformation needed in this broken health care system through strategic health IT activities.

Thank you for your attention to this issue. If there is any assistance that my staff or I can offer to you as Congress furthers efforts to support states and bring health care into the 21st Century, please do not hesitate contacting me.

Sincerely,

Christine O. Gregoire
Governor

Enclosure

cc: Washington State Congressional Delegation
        Steve Hill, Administrator, Washington State Health Care Authority
        Mark Rupp, Director, Washington, D.C. Office, Office of the Governor

ENCLOSURE to February 20, 2008, letter from Governor Gregoire (WA)
Washington State Suggestions for Building State-Federal Partnership on HIT

- Ensure the quick development and adoption of inter-operability standards with electronic medical records (EMRs) and electronic health records (EHRs). Just as variations in care result in increased costs of care delivery, so too do variations and lack of standards across operating requirements result in increased costs of administrative overhead costs for the health care system;

- Restore the right to privacy by requiring patient consent for *all* use of medical information, as is done in the currently proposed Independent Health Record Trust Act (H.R. 2991);

- Require all producers of health information to provide one copy of each record to the patient at no charge in electronic form (or on paper if electronic version not available);

- Provide matching funds to qualified states and communities developing and implementing consumer-centric health record banks for planning and actual infrastructure development. Additional funding support could be provided such as matching funds for state and community investments, time limited tax breaks for adopters such as a percentage write off of the cost of investment for a 2 - 5 year period, funding to communities that build critical mass EMR/EHR systems, time limited Medicaid matching funds for states that promote enrollee subscription to a HRB, tax breaks to employers that offer HRB enrollment to employees, or basic infrastructure assistance funding for communities and public utility districts (fiber optic, T-line installations for tele-medicine/health, DSL, etc), particularly in rural areas.

- Provide more flexibility with existing health IT and IT infrastructure grants. These are often too narrow and restrictive. New money would not be required, but would open opportunities to utilize current unspent funding by providing access to communities that can use it to expedite adoption and health IT but are limited because of too strict requirements.

- Increase payments to providers that use EMRs, health IT and quality measure tools to underwrite acquisition and operating costs, which are out of the financial reach of most small to midsize physician practices (such as 5% more for encounters, etc.)

- Allow states to pilot business models that will identify the long term business case that shows the financial sustainability that comes through statewide information sharing, or health information exchange.